# DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

### **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Facility Information**

Facility Name: SHEPHERDS MAIN BUILDING COTTAGE (310529)

Address: 1805 15TH AVE, UNION GROVE, WI 53182

**License Status: REGULAR** 

Licensed/Certified/Registered 04/01/1981

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096409 End Date: 02/09/2006 Type: OTHER Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092044 End Date: 03/02/2004 Type: OTHER Purpose: COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History			
Date Complaint Received: 01/29/2004	<b>Date Investigation Completed:</b>	03/02/2004	
Subject Area(s) RESIDENT RIGHTS MEDICATIONS STAFF ADEQUACY	Result NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#	
Date Complaint Received: 01/26/2004	Date Investigation Completed: 03/02/2004		
Subject Area(s) RESIDENT RIGHTS	Result NOT SUBSTANTIATED	SOD#	
Date Complaint Received: 01/22/2004	Date Investigation Completed: 03/02/2004		
Subject Area(s) SUPERVISION RESIDENT RIGHTS PHYSICAL PLANTS & SAFETY HAZARDS PROGRAM SERVICES	Result NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#	
Date Complaint Received: 01/06/2004	Date Investigation Completed: 03/02/2004		
Subject Area(s) RESIDENT RIGHTS STAFF TRAINING AND PROFICIENCY PROGRAM SERVICES	Result NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#	
Date Complaint Received: 10/10/2003	Date Investigation Completed: 03/02/2004		
Subject Area(s) ABUSE ADMINISTRATION OTHER	Result NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#	

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Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Date Complaint Received: 09/25/2003 Date Investigation Completed: 03/02/2004

Subject Area(s) Result SOD #

ABUSE NOT SUBSTANTIATED OTHER NOT SUBSTANTIATED

Date Complaint Received: 09/23/2003 Date Investigation Completed: 03/02/2004

Subject Area(s) Result SOD #

PROGRAM SERVICES NOT SUBSTANTIATED

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